U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only	1
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - §3 § (2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name _{Lynnie} L Martin	Name I.B.E.W. Local Union 160	
	Labor Organization File Number 022522	
P.O. Box, Bldg., Room No., if any P.O. Box 279	P.O. Box, Building and Room Number, if any	
Street 609 9th Ave. NW	Street 2522 Marshall St. NE	
City Grand Rapids	City Minneapolis	
State Minnesota ZIP Code + 4 55744	State Minnesota ZIP Code + 4 55418	
5. Position in labor organization. Business Representative		

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Xcel Energy	04/29/04 Apprenticeship-Lunch		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street 414 Nicollet Mall			
City Minneapolis	\$12		
State Minnesota ZIP Code + 4 5540	1		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed I min I of certing	On	08/09/2005 Date	218-326-0533 Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: 1 a. Labor Organization 2 b. Trust 4 b. Trust 5 c. Employer	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any a. Labor Organization b. Trust c. Employer	
Trade Name, if any: D.O. Box, Bldg., Room No., if any a. Labor Organization b. Trust c. Employer	
Trade Name, if any: D.O. Box, Bldg., Room No., if any D.O. Box, Bldg., Room No., if any C. Employer	1
P.O. Box, Bldg., Room No., if any C. Employer	
Street	
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name. 11.a. Nature of such dealing.	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 11.b. Approximate dollar value of such dealing.	
City 12.a. Nature of interest held or income received.	
State ZIP Code + 4	
12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). 14.a. Nature of payment.	
Name Missouri Valley Apprenticeship and Training	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any P.O. Box 271	
Street	
City Indianola	
State Iowa ZIP Code + 4 50125	

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Name of Person Filing Lynnie Martin	File Number U-
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Part C Continuation Page

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C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name Missouri Valley Apprenticeship and Training	05/29/04 Apprenticeship Sub-committee Lunch	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any P.O. Box 271		!
Street		
City Indianola		
State Iowa ZIP Code + 4 50125		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	\$8
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name Missouri Valley Apprenticeship and Training	08/24/04 Apprenticeship Sub-committee Lunch	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any P.O. Box 271		
Street		
City Indianola		
State Iowa ZIP Code + 4 50125		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$9
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 10/13/04 Apprenticeship Sub-committee Lunch	
Name Missouri Valley Apprenticeship and Training	10/15/01 implemented but committee numeri	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any P.O. Box 271		
Street		
City Indianola		
State Iowa ZIP Code + 4 50125		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	10

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Name of Person Filing Lynnie Martin	File Number U-
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Part C Continuation Page

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C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 10/13/04 Apprenticeship Graduation Dinner Myself and guest	
Name Missouri Valley Apprenticeship and Training		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any P.O. Box 271		
Street		
City Indianola		
State Iowa ZIP Code + 4 50125		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$42	
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name Missouri Valley Apprenticeship and Training	10/23/04 open house Lunch	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any P.O. Box 271		
Street		
City Indianola		
State Iowa ZIP Code + 4 50125		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$10	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 12/21/04 Apprenticeship Sub-committee Lunch	
Name Missouri Valley Apprenticeship and Training	12/21/01 input the testing bab committees building	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any P.O. Box 271		
Street		
City Indianola		
State Iowa ZIP Code + 4 50125		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$9	

Name of Person Filing	Lynnie Martin	File Number U-
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Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name Donovan Construction	Lunch
Name Bonovan Construction	
Trade Name, if any:	
,	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 53 S Owasso Blvd	7.D. Amount.
State 33 5 Owasso Biva	
City S.Saint Paul	\$15
7/0.4 . 4 . 5	
State Minnesota ZIP Code + 4 55109	
A Hold on interset in appared in transportions (including logge) with as desired	income or other accompanie handit of manatany value from an applicative value.
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income of other economic benefit of monetary value from an employer whose
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Tane	
Trade Name, if any:	
·	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	T.S. / MIOGRA
City	
State ZIP Code + 4	
State 2n code 14	
A. Held an interest in, engaged in transactions (including loans) with, or derived	income or other economic henefit of monetary value from an employer whose
employees your organization represents or is actively seeking to represent.	mediae of other economic benefit of monetary value from an employer whose
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
D.O. Day Blds. Days No. 16 and	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	

Lynnle Martin

Transactions detailed in this form represent my good faith effort to reconstruct reportable transactions for the period from 1/1/04 to 12/31/04. Complete records of reportable transactions were not kept for that period, and some items may have been unintentionally omitted. If, in the future, it comes to my attention that there are transactions that should have been reported, I will promptly file an amended Form LM-30.

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